

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/27/2023
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY		STREET ADDRESS, CITY, STATE, ZIP CODE: 3737 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19104			
STATE LICENSE NUMBER: 50661501					
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S 0000	INITIAL COMMENT	S 0000			
	This report is the result of a State licensure survey conducted on February 6, 2023, and completed on February 8, 2023, at Penn Digestive and Liver Health Center University City. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 5566		S 5566			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 5566	Continued from page 1 555.33 (d)(8)(i-v) Anesthesia Policies and Procedures 555.33 Anesthesia policies and procedures (d) Anesthesia procedures shall provide at least the following: (8) Before discharge from the ASF, a patient shall be evaluated for proper anesthesia recovery by an anesthesiologist, the operating room surgeon, anesthesiologist or dentist. Depending on the type of anesthesia and length of surgery, the postoperative check shall include at least the following: (i) level of activity (ii) respirations (iii) blood pressure (iv) level of consciousness (v) oxygen saturation by pulse oximetry. This REGULATION is not met as evidenced by:	S 5566	February 13-15, 2023, the Anesthesia Medical Director of Penn Digestive and Liver Health (PDLH) Center and the Penn Presbyterian Medical Center (PPMC) Chief Medical Officer (CMO) met to review the survey finding and evaluate the standard. They developed a plan to optimize electronic medical record (EMR) charting to create an alert to help ensure all providers are documenting their post-anesthesia assessment before discharging the patient. Upon receipt of the finding, Anesthesia leadership sent an email on February 22, 2023, explaining the need to perform and document the post-anesthesia assessment before discharging the patient. PDLH Policy 22.07 "Anesthesia Evaluation" was reviewed and modified by the PLDH anesthesia leaders on March 8, 2023, to include the following statement: "Before each patient discharge, the anesthesiologist or anesthesiologist must	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023	

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S 5566	Continued from page 2	S 5566	<p>complete the post-anesthesia evaluation and document its completion within the medical record. The entry must include the date and time the post-anesthesia evaluation is complete at the point of care. This post-anesthesia evaluation is for the surgery or procedure for all patients receiving general, regional, and monitor care (MAC)."</p> <p>The PennChart support team has optimized the EHR interface with an alert to assist PDLH providers in accurately recording the date/time stamp of the actual post-anesthesia evaluation as of March 1, 2023.</p> <p>The PDLH Anesthesiology staff responsible for the post-anesthesia evaluation will receive and complete education with documented evidence of education by March 31, 2023.</p> <p>The PDLH Anesthesia Medical Director or designee will review at least then (10) records each month or</p>		

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S 5566	Continued from page 3	S 5566	<p>30 in a quarter to measure compliance with the timeliness and completion of the post-anesthesia evaluation.</p> <p>Numerator: Number of discharges with post-anesthesia evaluations before discharge from the ASF</p> <p>Denominator: Total number of medical records reviewed in PDLH</p> <p>The Anesthesia Medical Director will review an aggregate report of the timeliness of post-anesthesia evaluations per standard and present the data to the PDLH Quality Committee at least quarterly for ongoing Quality Assurance and Performance Improvement (QAPI).</p> <p>There will be at least 30 observations, and this report will be reviewed until compliance can be sustained at 100% for four quarters. After this period, the committee will re-evaluate the frequency of the report submitted to the Quality</p>		

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S 5566	Continued from page 4	S 5566	Committee. The audit will begin on April 1, 2023. Responsible Party: Penn Digestive and Liver Health (PDLH) Center Administrator		

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S 5566	<p>Continued from page 5</p> <p>Based on review of the facility's policy, medical records (MR) and interview with staff (EMP), it was determined the facility failed to ensure the patient's Post-Operative Anesthesia Evaluation and the Post-Operative Anesthesia Evaluation Note was completed and documented in the patient's medical record by the anesthesiologist after surgery and prior to the patient's discharge for three of three medical records reviewed (MR1, MR2 and MR3).</p> <p>Findings include:</p> <p>Review on February 8, 2023, of the facility's policy "(555.33 Anesthesia Policies and Procedures) not dated received via email correspondence from EMP3 at the request of the surveyor revealed "Purpose: Post Operative Assessment is completed no later than 48 hours after the procedure for all patients receiving anesthesia by an attending anesthesiologist. Scope: This policy applies to Penn Digestive and Liver Health (PDLH) Center at University Medical Center anesthesia services. Policy: Before Discharge from the ASF</p>	S 5566			

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S 5566	Continued from page 6 (ambulatory surgical facility), a patent shall be evaluated for proper anesthesia recovery by an anesthesiologist, the operating room surgeon, anesthesiologist or dentist. Depending on the type of anesthesia and length of surgery, the postoperative check shall include at least the following: (i) Level of Activity, (ii) Respiratory (iii) Blood Pressure (iv) Level of consciousness (v) Oxygen saturation by pulse oximetry." Review on February 7, 2023, of MR1, admitted on September 13, 2022, for a surgical procedure "Colonoscopy Flexible, EGD Flexible" with monitored anesthesia care (MAC) revealed the Post-Op Anesthesia Evaluation Note was authored and signed by OTH1 and dated September 13, 2022, at 10:19 AM. Further review of MR1 revealed a discharge date and time of September 13, 2022, at 9:48 AM. The facility was unable to provide evidence of documentation that the anesthesiologist completed the Post-Op Anesthesia Evaluation and the Post-Op Anesthesia Evaluation Note prior to the discharge of MR1 from the facility.	S 5566			

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S 5566	Continued from page 7 Review on February 7, 2023, of MR2, admitted on August 2, 2022, for a surgical procedure "Colonoscopy" with monitored anesthesia care (MAC) revealed the Post-Op Anesthesia Evaluation Note was authored and signed by OTH1 and dated August 2, 2022, at 3:10 PM. Further review of MR2 revealed a discharge date and time on August 2, 2022, at 3:06 PM. The facility was unable to provide evidence of documentation that the anesthesiologist completed the Post-Op Anesthesia Evaluation and the Post-Op Anesthesia Evaluation Note prior to the discharge of MR2 from the facility. Review on February 7, 2023, of MR3, admitted on January 24, 2023, for a surgical procedure "Upper GI and Colonoscopy" with monitored anesthesia care (MAC) revealed the Post-Op Anesthesia Evaluation Note was authored and signed by OTH2 and dated January 24, 2023, at 2:20 PM. Further review of MR2 revealed a discharge date and time on January 24, 2023, at 1:08 PM. The facility was	S 5566			

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S 5566	Continued from page 8 unable to provide evidence of documentation that the anesthesiologist completed the Post-Op Anesthesia Evaluation and the Post-Op Anesthesia Evaluation Note prior to the discharge of MR3 from the facility. A telephone interview conducted on February 7, 2023, at 10:20 AM with EMP1, EMP2 and EMP3 confirmed Post-Op Anesthesia Evaluations and the Post-Op Anesthesia Evaluation Notes for MR1, MR2 and MR3 was not completed prior to discharge by the anesthesiologist as required by the "Department" regulations for an ambulatory surgical facility.	S 5566			
S 6128		S 6128			

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S 6128	Continued from page 9 561.15 Locked Storage 561.15 Locked Storage Special locked storage space shall be provided to meet requirements for storage of controlled substances, alcohol and other prescribed drugs as set forth in Chapter 25 (relating to controlled substances, drugs, devices and cosmetics) and 49 Pa Code 27.16 (4) and 27.17 (relating to construction requirements and security for Schedule II controlled substances). This REGULATION is not met as evidenced by:	S 6128	<ul style="list-style-type: none"> - Immediately upon the surveyor's observation on February 6, 2023, the mobile carts were secured at the direction of the Penn Digestive and Liver Health Center University City (PDLH) Center Director of Nursing (DON). - During huddles the week of February 6, 2023, the DON educated staff to re-emphasize the importance of securing all needles and syringes in bedside carts before leaving the bedside. The completion date was February 10, 2023. - Nursing leadership collaborated with Regulatory and Pharmacy representatives on the action plan on February 28, 2023. The team reviewed PDLH Policy 20-007 Medication Management. It determined that revisions were necessary, including changing the title to 'Medication Management and Supplies' and including the following revisions to the policy statement: 	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023	

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S 6128	Continued from page 10	S 6128	<p>"All medication, needles, and syringes will be secured in locked containers/areas or password-protected automated dispensing devices when not in active use with clinical staff present.</p> <p>- In addition, PDLH Nursing leadership replaced the supply carts used to secure the storage of needles and syringes with an enhanced model to improve the security of the carts for patient safety. The push pad and lever manually locking the supply carts were replaced with carts with an electronic keypad and locking mechanism. The upgraded supply carts have an improved, more secure locking mechanism, requiring fewer steps which will aid compliance and patient safety. The completion date for the supply carts was March 7, 2023.</p> <p>Staff received education on operating and securing the carts with the electronic keypad and locking mechanisms and the revised</p>		

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S 6128	Continued from page 11	S 6128	<p>medication management and supplies policy by March 7, 2023.</p> <p>Staff education emphasizes the importance of patient safety regarding securing all needles and syringes by locking bedside carts immediately before leaving the bedside area.</p> <p>- Starting on March 13, 2023, The Director of Nursing or designee will conduct at least ten (10) observations of the carts per week that will be aggregated monthly for reporting quarterly to the PDLH Patient Safety Committee and the PDLH Quality Committee.</p> <p>-The numerator complies with the PDLH Policy 20-2007 Medication Management and Supplies; the observer identifies that the carts are secure and no patients can access medications, needles, or syringes.</p> <p>-The denominator is the number of observations of the carts.</p>		

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S 6128	Continued from page 12	S 6128	<p>- Staff will receive feedback on any occurrences related to the security of medications, needles, and syringes.</p> <p>- In addition, The Environment of Care (EOC) multidisciplinary team with Infection Control, Regulatory, Operational leaders, and Safety representatives will round at least quarterly to oversee compliance with securing needles and syringes on the carts.</p> <p>The Director of Nursing (DON) or designee will aggregate data from the Nursing observations of supply carts and the EOC rounds. There will be a quarterly data report to the PDLH Patient Safety Committee and PDLH Quality Committee until achieving compliance at 100% for four quarters for ongoing quality assurance and performance improvement (QAPI). After this period, the Quality Committee will re-evaluate this indicator's metric and future reporting. The observations will begin the week of</p>		

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S 6128	Continued from page 13	S 6128	March 13, 2023. Accountable Party: Penn Digestive Liver and Health (PDLH) Center Administrator		

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S 6128	<p>Continued from page 14</p> <p>Based on an observation tour and interview with staff (EMP), it was determined the facility failed to ensure sharp devices (syringes and needles) housed in a mobile storage unit was secured and locked when not in use by licensed personnel.</p> <p>Findings include:</p> <p>An observational tour conducted on February 6, 2023, at 10:50 AM with EMP2 revealed an unlocked mobile storage unit with packaged syringes and needles in Pre-Operative Bay 6. Further observation revealed the unlocked mobile storage unit in Bay 6 was left unattended and unlocked. At the time of the observation tour no nursing staff or medical staff was within view of the unlocked mobile storage unit containing the packaged needles and syringes.</p> <p>An observational tour conducted on February 6, 2023, at 10:55 AM with EMP2 revealed an unlocked mobile storage unit with packaged</p>	S 6128			

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S 6128	Continued from page 15 syringes and needles in Pre-Operative Bay 3. Further observation revealed the unlocked mobile storage unit in Bay 3 was left unattended and unlocked. At the time of the observation tour no nursing staff or medical staff was within view of the unlocked mobile storage unit containing the packaged needles and syringes. An interview conducted on February 6, 2023, at 11:10 AM with EMP2 confirmed the mobile storage units in Pre-Operative Bay 6 and Pre-Operative Bay 3 was unlocked and contained various sizes of packaged needles, syringes and tuberculin syringes. EMP2 confirmed no nursing staff or medical staff was within view of the unlocked mobile storage units.	S 6128			

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S 6739		S 6739			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/27/2023
NAME OF PROVIDER OR SUPPLIER: PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY STATE LICENSE NUMBER: 50661501			STREET ADDRESS, CITY, STATE, ZIP CODE: 3737 MARKET STREET, 11TH FLOOR PHILADELPHIA, PA 19104		
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S 6739	Continued from page 17 567.31 HOUSEKEEPING SERVICES - Principle 567.31 Principle Parts of the facility, the premises and equipment shall be kept clean and free of vermin. insects, rodents and litter. This REGULATION is not met as evidenced by:	S 6739	Plan of Correction: - The Central Processing Department (CPD), including the scope processing room, sterile storage, prep and pack area, and the decontamination room, were immediately cleaned and disinfected by environmental services (EVS) staff at the direction of the EVS manager following the surveyor's observation; completion date, February 6, 2023. - EVS management met with EVS staff following the observation to review the findings to prevent a re-occurrence and reinforce compliance. - The EVS leadership team cleaning the CPD at the facility and in the building revised the EVS team staff complement to clean and decontaminate the CPD. The EVS staff collaborated with the CPD staff and Regulatory to modify and enhance the EVS Terminal Cleaning Logs and a corresponding policy.	Completion Date: 05/23/2023 Status: APPROVED Date: 04/30/2023	

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S 6739	Continued from page 18	S 6739	<p>CPD, Infection Control (IC), Regulatory, and EVS leadership approved the policy and the revised form. Completion date: March 7, 2023.</p> <p>- The EVS cleaning logs were modified to include a separate checklist for each room, starting with clean to dirty: 1. Sterile Storage; 2. Prep and Pack; 3. Scope Room; and 4. Decontamination. When the CPD workday is complete, the EVS staff must clean and disinfect each room according to the newly designed quality control checklists.</p> <p>- The EVS manager completed staff education to EVS staff and CPD managers on the new quality control logs and corresponding policy by March 10, 2023. The education reviewed infection control principles, general sanitation, cross-contamination risks, and the overall policy on cleaning the CPD.</p> <p>- The EVS staff who clean and disinfect the CPD area had to</p>		

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S 6739	Continued from page 19	S 6739	<p>complete the CPD forms as a competency to ensure they were using the tool correctly. Further, they had to re-complete the general EVS Competency evaluation by March 10, 2023. The EVS Manager administered both competencies.</p> <p>- The current EVS manager overseeing the cleaning of CPD receives ongoing feedback and monitoring by the EVS leadership team with feedback from the CPD leadership. The EVS leadership team will provide ongoing feedback to the manager to ensure the CPD is being cleaned and disinfected per standard. The manager will provide feedback to the staff using EVS huddles that will be documented on the quality control checklist on days of operation.</p> <p>- The CPD team leadership will sign off on the EnvirVS quality control logs with their feedback provided to the EVS manager and PDLH leadership team as of March 10, 2023.</p>		

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S 6739	Continued from page 20	S 6739	<p>- For any evidence of non-compliance, the EVS manager or designee must respond with actions implemented to resolve the concern and ensure that the staff receives sufficient time to clean and disinfect the department per standard. The huddle topics for staff education will correspond with observations and findings.</p> <p>- The Environment of Care (EOC) multidisciplinary team, including Infection Control (IC), Regulatory, and Safety, will round at least quarterly to oversee compliance and ensure the CPD is being cleaned per policy and standard. The Penn Presbyterian Medical Center (PPMC) and PDLH management team will also participate in rounding and evaluating the contract related to ongoing compliance with EVS requirements.</p> <p>- The data from the CPD quality audits and the EOC rounds will be aggregated and reported to the</p>		

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S 6739	Continued from page 21	S 6739	<p>PDLH Patient Safety Committee and the PDLH Quality Committee quarterly until achieving compliance at 100% for four quarters for ongoing quality assurance and performance improvement (QAPI). After this reporting period, the Quality Committee will re-evaluate this indicator's metric and future reporting frequency.</p> <p>Accountable/Responsible party: Penn Digestive and Liver Health (PDLH) Center Administrator</p>		

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S 6739	Continued from page 22 Based on observation tour, facility documents and interview with staff (EMP), it was determined that the facility failed to ensure surgical instruments utilized for patient procedures was processed in a safe environment. Findings include: Observation on February 6, 2023, at 12:45 PM with EMP2, EMP5 and EMP6 revealed a Clean Prep Workstation Area with an overhead hood in the Central Processing Department covered with a thick layer of dust and grime. Review of facility document" Cleaner/Janitor/Day Porter/Matron Job Description" last reviewed June 18, 2014, revealed "Job Summary...Essential Functions: Be able to perform all assigned tasks which typically include, but are not limited to the following: 1) Be able to perform all cleaning assignments with accuracy and efficiency...Dust furniture, equipment, woodwork, window sills, and other assigned areas."	S 6739			

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S 6739	Continued from page 23 An interview conducted on February 6, 2023, at 1:00 PM with EMP2, EMP5 and EMP6 confirmed the overhead hood in the Clean Prep Workstation Area located in the Central Processing Department was covered with a thick layer of dust and grime. EMP1 and EMP2 confirmed that the Central Processing Department was contracted through a memorandum of understanding/agreement between the hospital and the ambulatory surgery facility to provide instrument decontamination services to Penn Digestive And Liver Health Center (an ambulatory surgical facility). EMP5 stated "The cleaning person for this area is approximately five-feet-two, I will need to provide the cleaner with the necessary tools and equipment to clean high dust in this area inclusive of the windowsill above the overhead hood."	S 6739			



Certified End Page

PENN DIGESTIVE AND LIVER HEALTH CENTER UNIVERSITY CITY

STATE LICENSE NUMBER: 50661501

SURVEY EXIT DATE: 02/27/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY